# COMPLETION OF A TAD TRAVEL CLAIM

| TRAVEL VOUCHER OR SUBVOUCHER | Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks. |
|---|---|
| 1. PAYMENT<br>[X] Electronic Fund Transfer (EFT)<br>[ ] Payment by Check | SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.<br>[X] Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $ 600.00 |

- Block 1-All payments are EFT
  - Split Disbursements are mandatory
    - If the traveler is a GTCC holder, at a minimum the transportation, lodging, and rental car must be indicated in this block
      - Orders must identify the traveler as GTCC holder or NON GTCC holders

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| 2. NAME *(Last, First, Middle Initial) (Print or type)* | 3. GRADE | 4. SSN | 5. TYPE OF PAYMENT *(X as applicable)* |
|---|---|---|---|
| BUTLER, SMEDELY D | GYSGT | 123-45-6789 | X TDY; PCS; Dependent(s); Member/Employee; Other; DLA |

| 6. ADDRESS. a. NUMBER AND STREET | b. CITY | c. STATE | d. ZIP CODE |
|---|---|---|---|
| UNIT ADRESSS NOT FPO AP | OKINAWA | JAP | 96379 |

| e. E-MAIL ADDRESS | 10. FOR D.O. USE ONLY |
|---|---|
| MILITARY EMAIL ADDRESS | |

| 7. DAYTIME TELEPHONE NUMBER & AREA CODE | 8. TRAVEL ORDER/AUTHORIZATION NUMBER | 9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES | a. D.O. VOUCHER NUMBER |
|---|---|---|---|
| (123) 123-4567 | M12345678912345 | | |

| 11. ORGANIZATION AND STATION | b. SUBVOUCHER NUMBER |
|---|---|
| HQSVCBN, SERVICE CO, CAMP KINSER | |

- Block 2-The travelers name,
- Block 3-The travelers present grade,
- Block 4-The travelers SSN,
- Block 5-Mark TAD
- Block 6-Military Email Address or Personal if no military address is assigned,
- Block 7-Day time work number,
- Block 9- Previous Travel Advances received, if non was given, type in NONE,
- Block 11-Parent unit and Base

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| 15. ITINERARY a. DATE 2005 | | b. PLACE *(Home, Office, Base, Activity, City and State; City and Country, etc.)* | c. MEANS/ MODE OF TRAVEL | d. REASON FOR STOP | e. LODGING COST | f. POC MILES |
|---|---|---|---|---|---|---|
| 0601 | DEP | CAMP KINSER | PA | | | |
| 0601 | ARR | NAHA AP | | AT | | 10 |
| 0601 | DEP | | TP | | | |
| 0601 | ARR | BANGKOK AP | | AT | | |
| 0601 | DEP | | CA | | | |
| 0601 | ARR | BANGKOK THAILAND | | TD | 600.00 | |
| 0615 | DEP | | CA | | | |
| 0615 | ARR | BANGKOK THAILAND | | LV | | |
| 0630 | DEP | | CA | | | |
| 0630 | ARR | BANGKOK THAILAND | | AT | | |
| 0630 | DEP | | TP | | | |
| 0630 | ARR | NAHA AP | | AT | | 10 |
| 0630 | DEP | | PA | | | |
| 0630 | ARR | CAMP KINSER | | MC | | |

- For TAD travel
  - The first entry shall be the PDS or home, the last line back to the PDS or home

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**ITEM 15 - ITINERARY - SYMBOLS**

**15c. MEANS/MODE OF TRAVEL** *(Use two letters)*

| | | | |
|---|---|---|---|
| GTR/TKT or CBA *(See Note)* | - T | Automobile | - A |
| Government Transportation | - G | Motorcycle | - M |
| Commercial Transportation | | Bus | - B |
| *(Own expense)* | - C | Plane | - P |
| Privately Owned | | Rail | - R |
| Conveyance *(POC)* | - P | Vessel | - V |

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

**15d. REASON FOR STOP**

| | | | |
|---|---|---|---|
| Authorized Delay | - AD | Leave En Route | - LV |
| Authorized Return | - AR | Mission Complete | - MC |
| Awaiting Transportation | - AT | Temporary Duty | - TD |
| Hospital Admittance | - HA | Voluntary Return | - VR |
| Hospital Discharge | - HD | | |

- 15c Means/Modes of Travel & 15d Reason for Stops can be found on the second page to the 1351-2

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| 16. POC TRAVEL (X one) | X | OWN/OPERATE | | PASSENGER |
|---|---|---|---|---|

**18. REIMBURSABLE EXPENSES**

| a. DATE | b. NATURE OF EXPENSE | c. AMOUNT | d. ALLOWED |
|---|---|---|---|
| 050601 | TAXI (585 BAHT) 39.00=$1 | 15.00 | |
| 050602 | Conf Fees (1950 B)39.00=$1 | 1,950.00 | |
| 050605 | Laudry (1014 B) 39.00=$1 | 26.00 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| 17. DURATION OF TDY TRAVEL | | (4) Dependent Travel | |
|---|---|---|---|
| | 12 HOURS OR LESS | (5) DLA | |
| | | (6) Reimbursable Expenses | |
| X | MORE THAN 12 HOURS BUT 24 HOURS OR LESS | (7) Total | 0.00 |
| | | (8) Less Advance | |
| | MORE THAN 24 HOURS | (9) Amount Owed | 0.00 |
| | | (10) Amount Due | |

**19. GOVERNMENT/DEDUCTIBLE MEALS**

| a. DATE | b. NO. OF MEALS | a. DATE | b. NO. OF MEALS |
|---|---|---|---|
| NONE | | | |
| | | | |
| | | | |

- Block 16- POC travel must be marked if PA was used as mode of travel
  - Servicing terminal mileage
  - Major mode of transportation
- Block 17- Mark the appropriate duration of TAD
- Block 18- Must have a receipt for all expense over 75 & and itemized receipt for lodging and rental car
- Block 19- If attending a conference, the traveler must indicate if meals were provided, if not type none

# COMPLETION OF A TAD TRAVEL CLAIM

| 20.a. CLAIMANT SIGNATURE | b. DATE | c. SUPERVISOR SIGNATURE | d. DATE |
|---|---|---|---|
| TRAVELERS SIGNATURE | | EITHER THE ADMIN OR TRAVELER SUPERVISOR | |
| 21.a. APPROVING OFFICER SIGNATURE | | | b. DATE |
| PERSON WHO AUTHORIZED THE TRAVEL ON THE ORDERS | | | |

29. REMARKS

a. INDICATE DATES ON WHICH LEAVE WAS TAKEN: I WAS ON LEAVE FROM 050616 TO 050630 IN THAILAND.

b. ALL UNUSED TICKETS *(including identification of unused "e-tickets")* MUST BE TURNED IN TO THE T/O OR CTO.

AO COMMENTS,
- SNM WAS AUTHORIZED CONFERENCE FEE WHILE AT TAD SITE, NO MEALS WERE PROVIDED AT THE CONFERENCE

- Block 20 a & b - The traveler must sign date the claim
- Block 20 c & d - Must be reviewed, signed and date prior to submitting to the Disbursing Office
- Block 21a. The Approving Officer may sign this block if a modification to the reimbursable expenses is required. The AO must indicate in Block 29-Remarks what is being modified